

In man we find the teeth situated almost at the beginning of this canal, physiologically intended for the preparation of food before being passed on to the larger receptacle—the stomach.

Among the many diseases which man is heir to, is premature loss of tooth substance, and much is being thought, said and written as to conservative dentistry.

A human tooth, anatomically, is composed of crown, neck and roots; physiologically, of enamel, dentine and cementum; chemically, of phosphate of lime, carbonate of lime, fluoride of calcium, phosphate of magnesia and other salts, also animal matter.

Assuming much the shape, and lying in the interior of every tooth, is a pulp-chamber, containing nerves, blood vessels and tissue. It is to this portion of the tooth we wish to call special attention for a short time.

A tooth receives nourishment from two sources: from the dental membrane, the pericementum, surrounding the cementum of the root, and from the pulp. At the extremity of the root is a small opening, the apical foramen, through which the blood vessels and nerves pass.

Owing to certain conditions the enamel of a tooth becomes soft, disintegrates and wastes away, likewise also the deeper structure, the dentine, and it becomes necessary for tooth salvation that something be done to check further advances of caries, that something be done to restore the dental organ to a state of ease and usefulness.

Caries, for the sake of convenience, is divided into three classes: the superficial, involving the enamel; the middle, involving both enamel and dentine; and deep-seated, involving, as the name implies, the deep portion of the dentine, the part nearest to the pulp.

Owing to the structure and circumstances attending the salvation, it becomes necessary, under certain conditions, to destroy and remove this pulp before attempting to fill and restore the tooth.

Under what circumstances is it necessary to destroy the pulp? What are the conditions for removing this part of the tooth? Let us look to the deep-seated caries, and, in diagnosing tor exposed pulps, note, first, age of patient. The pulp chamber is much larger in children than in adults, and much smaller in advanced life than in middle age. As we advance in years the pulp chamber becomes smaller, owing to secondary dentine forming therein. In well-advanced life, secondary or osteodentine has been formed to such an extent as to almost fill up the pulp chamber.

Next, the situation of the caries. Take, for instance, an incisor; the pulp chamber is more easily reached from the palatal surface than from the masticating or approximal—of a bicuspid, from the mesial approximal; of a molar, from the masticating surface. The